



Evan N. Miller, D.D.S., P.A.  
Zachary P. Schnoor, D.D.S., P.A.  
Practice Limited to Endodontics

141 Providence Road | Suite 100 | Charlotte, NC 28207 | Tel: 704-377-1444 | Fax: 704-377-1451  
www.CharlotteEndodontics.com

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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*\* You May Refuse to Sign This Acknowledgement \**

*I, \_\_\_\_\_, have received a  
copy of this office's Notice of Privacy Practices.*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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- Individual refused to sign*
- Communications barriers prohibited obtaining the acknowledgement*
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- Other (Please Specify)*

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